CLARK COUNTY ATTACHMENT APPLICATION CLARK COUNTY, OHIO

(for unincorporated areas only)

NOTE: ALL REQUIRED ITEMS NOTED BELOW SHALL BE ANSWERED COMPLETELY IN ORDER FOR YOUR REQUEST TO BE PROCESSED.

NAME & ADDRESS OF CURRENT	PROPERTY OWNER (C	GRANTOR) -
Name(s):		Phone:
City:	State:	Zip:
NAME & ADDRESS OF INDIVIDUA	L RECEIVING OR BUYII	NG ADJOINING LAND (GRANTEE)-
Name(s):		Phone:
Address:		
City:	State:	Zip:
ATTORNEY / AGENT / CONTACT	PERSON -	
		Phone:
Address:		
City:	State:	Zip:
Grantee's Current Lot Size(act Is any structure located within 50 feet of a If yes, the distance is feet.	res) Grantee's Current Perm. Finew lot line(s)? Yes (Show structures and distance County Planning Commit	ces on map.) ission Office for attachment approval
- · · · · · · · · · · · · · · · · · · ·		
1 One original deed w		This parcel shall be used only in conjunction with the property listed as Permanent Parcel.
2 One 18" x 24" surve attached (Please ind within 50 feet of new	licate structures	No plat records of Clark County unless a repl of the area is approved by the Plattin Commission.
3 One legal description		
For Office Use Only		ved
Date Received X #	Date Approv	ved